

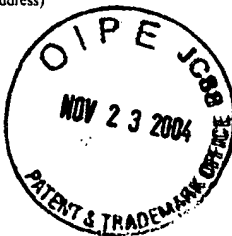
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Complete and send this form, together with applicable fee(s), to: MailMail Stop ISSUE FEE
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32940 7590 08/19/2004

DORSEY & WHITNEY LLP
INTELLECTUAL PROPERTY DEPARTMENT
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Lori Cox (Depositor's name)
[Signature] (Signature)
November 19, 2004 (Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
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10/656,667	09/04/2003	Zheng Ouyang	A-71979/AJT (467671-7)	1921
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TITLE OF INVENTION: RECTILINEAR ION TRAP AND MASS ANALYZER SYSTEM AND METHOD

11/24/2004 SSESHE2 00000038 10656667
01 FC:1501 1370.00 DP
02 FC:8001 6.00 DP
03 FC:1504 300.00 DP

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
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nonprovisional	NO	\$1200 1370.00	\$300	\$1630	11/19/2004
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EXAMINER	ART UNIT	CLASS-SUBCLASS
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BERMAN, JACK I	2881	250-288000
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1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

- ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.
- ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

- (1) the names of up to 3 registered patent attorneys or agents OR, alternatively,
- (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Purdue Research Foundation

West Lafayette, Indiana

Please check the appropriate assignee category or categories (will not be printed on the patent); ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:

- ☒ Issue Fee
- ☒ Publication Fee (No small entity discount permitted)
- ☒ Advance Order - # of Copies TWO (2)

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- ☒ The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 50-2319 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

- ☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

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(Authorized Signature)

(Date)

Maria S. Swiatek, Reg. No. 37,244

November 19, 2004

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